## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

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| DECUMENT TOD DEMONS THE PRESENT       |        |                                   |             |                 |          |  |
|---------------------------------------|--------|-----------------------------------|-------------|-----------------|----------|--|
| REQUEST FOR PATENT FEE REFUND         |        |                                   |             |                 |          |  |
| 1 Date of Request: 7-28-05            | 2 Seri | 2 Serial/Patent # 10/526,949      |             |                 |          |  |
| 3 Please refund the following fee(s): |        | 4 PAI<br>NUN                      | PER<br>MBER | 5 DATE<br>FILED | 6 AMOUNT |  |
| Filing                                |        |                                   |             |                 | \$       |  |
| Amendment                             |        |                                   |             |                 | \$       |  |
| Extension of Time                     |        |                                   |             |                 | \$       |  |
| Notice of Appeal/Appeal               |        |                                   |             |                 | \$       |  |
| Petition                              |        |                                   |             |                 | \$       |  |
| Issue                                 |        |                                   |             |                 | \$       |  |
| Cert of Correction/Terminal Disc.     |        |                                   |             |                 | \$       |  |
| Maintenance                           |        |                                   |             |                 | \$       |  |
| Assignment                            |        |                                   |             |                 | \$       |  |
| Other                                 |        |                                   |             |                 | \$       |  |
|                                       |        | 7 TOTAL AMOUNT<br>OF REFUND \$ 50 |             |                 | \$ 50,00 |  |
|                                       |        | 8 TO BE REFUNDED BY:              |             |                 |          |  |
| 10 REASON:                            |        | Treasury Check                    |             |                 |          |  |
| Overpayment                           |        | ✓ Credit Deposit A/C #:           |             |                 |          |  |
| Duplicate Payment                     |        |                                   | 9 [         | 1 4 1           | 431      |  |
| No Fee Due (Explanation):             |        | <u> </u>                          |             |                 |          |  |
| Fee Code Correct                      | ian    |                                   |             |                 |          |  |
|                                       |        |                                   |             |                 |          |  |
|                                       |        |                                   |             |                 |          |  |
| 11 REFUND REQUESTED BY:               |        | <del></del>                       |             |                 |          |  |
| TYPED/PRINTED NAME: B.A.C.            |        |                                   | · <b>T</b>  | ITLE:           |          |  |
| signature: BOC                        |        |                                   | P           | HONE:           |          |  |
| OFFICE: PCT/po/fo                     |        |                                   |             |                 |          |  |
| ************************************* |        |                                   |             |                 |          |  |
| APPROVED:                             |        | DATE                              |             |                 |          |  |
|                                       |        |                                   |             |                 |          |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

FORM PTO 1577 (01/90)

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